

# **Consolidated Community Funding Pool Proposed Funding Priorities and Data for FY 2005-2006**

***Approved by the Board of Supervisors  
Fairfax County, Virginia***

***July 7, 2003***

Recommended by the Consolidated Community Funding Advisory Committee  
(CCFAC) on June 10, 2003

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# INTRODUCTION

- The Consolidated Community Funding Pool (CCFP) includes funding from the Fairfax County general fund, the federal Community Development Block Grant (CDBG), and the federal Community Services Block Grant (CSBG). Dollars appropriated to the CCFP are awarded through a competitive process to nonprofit community-based organizations to provide needed human services in the neighborhoods and communities of Fairfax County.
- For FY 2004, the CCFP is allocated \$8.5 million from the combination of these funding sources. The amount from any one source can vary by fiscal year, and therefore the total amount allocated is also subject to variation.
- It is important to note that the total FY 2004 County budget for Health and Welfare is nearly \$225 million, excluding Community and Recreation Services and Housing and Community Development. The CCFP, therefore, represents less than four percent (4%) of the total County budget for human services.
- The CCFP is not, therefore, designed or funded to absorb gaps that may be generated by the loss of funding from public or other private resources. Nevertheless, the proposed priorities for services to be provided through the CCFP in FY 2005-2006 recognize that changes in need and service demand do occur.
- Data are presented in this document to illustrate the factors considered in developing the proposed funding priorities, but it should be remembered that these priorities are intended as a guide to potential applicants in developing proposals and to the Selection Advisory Committee in selecting projects for awards. The priorities are not absolute or fixed dollar allocations.
- The number of priority areas is reduced from six to five by combining all elements from the former Priority Area 6, "Communities are safe, supportive, inclusive, and thriving," into other priority areas. *Elements added in other priorities are shown in italicized text.*

Priority Area 1: People find and maintain safe, appropriate, and affordable housing.

**HISTORICAL DATA:**

**PROPOSED TARGET FOR FY 2005-2006: 31%**

Target Percentages		Proposals Received		Actual Awards	
FY 2000	27%	FY 2000	n/a	FY 2000	24%
FY 2001/2002	27%	FY 2001/2002	19%	FY 2001/2002	25%
FY 2003/2004	27%	FY 2003/2004	27%	FY 2003/2004	31%

**Priority Area is Supported Through:**

- Assisting families and individuals, including those with special needs, in finding safe, accessible housing that they can afford.
- Developing, preserving, and maintaining affordable housing.
- Helping families and individuals remain in housing that they have secured.
- Improving skills and behaviors necessary to manage finances and succeed as tenants and neighbors.

**Service Examples:**

- Housing counseling
- Budget counseling
- Legal services that help families and individuals obtain and maintain their housing
- Tenant education and good neighbor programs
- Housing acquisition and development
- Transitional housing programs
- Rental assistance of an ongoing nature
- Adaptive housing efforts
- Enabling households to obtain housing in the private market

## Priority Area 1: People find and maintain safe, appropriate, and affordable housing (continued)

- Availability of affordable housing continues to be a problem for low- and moderate-income households in the County.
  - From 1998 to 2000, the average rent increased from \$849 to \$989 (by 16.5%) - which was the single largest average increase since tracking began in 1975. From 2000 to 2002, the average rent increased again to \$1,157 (by 17%), surpassing the previous increase. (Source 1)
  - While only 11.6% of renters nationwide pay \$1,000 or more a month in rent, nearly half (48%) of Fairfax County renters pay \$1,000 or more per month. (Source 2)
- The impact of the lack of affordable housing (and the financial instability that results from high housing costs) is especially great for specific populations, such as victims of domestic violence, individuals with disabilities, elderly, and resettled refugees.
  - There are growing numbers of disabled individuals who will need alternative affordable and accessible housing when their aging parents or caregivers are no longer able to provide care and housing for them.
  - Many elderly have fixed incomes, with a median amount only 75% of the area median, and the percentage of elderly with income below 200% of poverty is higher than for the general population.
  - The current conflict in the Middle East could result in another influx of refugees. Staff reports seeing an increase in the number of resettled refugees who cannot afford the rent of the complex where they live once the re-settlement assistance runs out.
- Overcrowded housing is an issue many communities are confronting. The 2000 US Census reports that only 1.1% of owner-occupied housing is overcrowded, while 7.1% of renter-occupied housing is overcrowded. (Source 2)

## Priority Area 1: People find and maintain safe, appropriate, and affordable housing (continued)

- Among households spending 50% or more of income on housing, 40.5 % ran out of money during the past year for rent, mortgage, utilities, food, or medicine. (Source 3)
  - 12.6% of households where no English is spoken in the home spend 50% or more of their income for housing, compared to only 3.5% of households where only English is spoken. (Source 3)
  - 8.2% of households with persons age 65 and over spend 50% or more of income on housing costs compared to 5.0% of all households. (Source 3)
- In the first nine months of FY 2003 (July 2002 - March 2003), Coordinated Services Planning (CSP), which provides telephone access to services through one central phone number (703-222-0880), received 3,344 requests for rental assistance and eviction prevention help, up slightly from the same period last year. (Source 4)
- Nationally, the Wall Street Journal (Sept. 16, 2002) reported foreclosure rates at record levels, with delinquencies at the highest rate in a decade, due to mortgage-lending practices that aggressively target lower-income families and those with less stable financial histories.
  - Locally, the first-time homebuyers program has less than 2% in default, compared to over 4% nationally. Homeownership training is available to anyone, with four classes per month, and is required for Housing Choice Voucher applicants and first-time homebuyers receiving down payment or closing cost assistance or low-interest loans through the Virginia Housing Development Authority.
  - Budget counseling is a critical support service to help families maintain housing and meet their basic needs. The lack of budget counseling services for clients is a growing problem. CSP staff often finds that clients need more one-on-one in-depth money management and budget counseling than can be provided over the phone.

## Priority Area 1: People find and maintain safe, appropriate, and affordable housing (continued)

- The County's housing stock is aging -- over 57% of Fairfax County's housing stock (211,040 housing units) was built prior to 1980. Seniors who "age in place" may face housing that is unsafe or unsuitable due to disabilities or maintenance and repair costs they cannot afford.

(Source 5)

- As communities "age," there is often a natural turnover from older homeowners to younger families with children. This cycle results in changing needs for services and resources.

## Priority Area 2: People have the skills and supports they need to be self sufficient.

### HISTORICAL DATA:

### PROPOSED TARGET FOR FY 2005-2006: 26%

Target Percentages		Proposals Received		Actual Awards	
FY 2000	23%	FY 2000	n/a	FY 2000	22%
FY 2001/2002	21%	FY 2001/2002	24%	FY 2001/2002	22%
FY 2003/2004	21%	FY 2003/2004	27%	FY 2003/2004	26%

### Priority Area is Supported Through:

- Assisting individuals in obtaining, maintaining, and increasing employment or language skills necessary to succeed in the workplace, and in finding and maintaining employment that leads to independence.
- Assisting individuals to acquire knowledge about workplace norms, practices, and expectations.
- Enabling individuals to be employed or to increase their skills because of the availability of child care assistance or transportation.
- *Creating knowledge and awareness within communities so that members can take informed actions to meet needs.*
- *Improving the economic health of communities by building capacity and resources within communities so that they are able to respond to the needs of their members.*

### Service Examples:

- Employment services *for all populations*, such as skills training, job readiness, job-related life skills, job placement, and job retention
- *Services to enable persons with disabilities to obtain or retain employment and skill training*
- Educational services, such as employment-related English-for-speakers-of-other-languages (ESOL) programs
- Child care
- Transportation related to employment/education
- Case Management
- *Small business development*
- *Programs to increase the economic health and capacity of communities*



## Priority Area 2: People have the skills and supports they need to be self sufficient (continued)

- Not all job opportunities in Northern Virginia offer high wages or benefits. On the Virginia Employment Commission's list of the 10 fastest growing job categories in Northern Virginia, five classes are lower-wage jobs in the service, clerical, and retail fields. (Source 6)
- Of all employed persons in Fairfax County, over 10% have two or more employers. Families between 100% and 200% of poverty are more likely to hold multiple jobs (23%) than any other income group. Having multiple jobs to make ends meet often leads to financial instability – households with multiple jobholders are three times more likely to run out of money for basic needs. (Source 3)
- Adults who lack good spoken English skills are more likely to be very low income. Of all persons age five or older who are at or below 200% of poverty, only half speak English "very well," and over 20% of those persons speak English "not well" or "not at all." A higher percentage of elderly live in households where no English is spoken. (Source 3)
- While Fairfax County's unemployment rate is low (currently 2.7%)(Source 6), the rate is higher for language minorities. At the end of 2000, the rate was 2.5% for men who speak English at home and 4.6% for men who speak only another language at home. For women, the rate was 2.6% for women who speak only English at home, and 10% for woman who speak only another language at home. (Source 3)
- In 1990, the US Census estimated that 3.6% of area households were "linguistically isolated" (where no one in the household speaks English very well, and English is not spoken in the home). In 2000 that estimate jumped to over 7%. Linguistically isolated households are more likely to contain children, are more likely to be low income, and are nearly twice as likely to run out of money for basic needs. (Source 2)

## Priority Area 2: People have the skills and supports they need to be self sufficient (continued)

- As immigration to the County increases, there could be a need for more services to non-citizens and non-English speakers to help them succeed economically. Also, immigration laws and documentation policies are becoming more restrictive, which will exacerbate the difficulty in finding and maintaining employment.
- Poverty Status and Day Care (Source 3)
- Children age 12 and younger who live in very low-income households are more likely to need day care services but are less likely to get them. 18% of children at or below poverty need but do not receive day care, while only 4.4% of children above 200% of poverty need but do not get day care. 400 fewer children may be served in FY 2004 due to budget cuts.
- Disabling Conditions (Source 3)
- In 2000, 11.7% of area households reported one or more members with a long-lasting condition (*e.g.*, vision or hearing impairment, physical limitations, or learning/memory problems).
- Compared to all area persons, individuals with disabilities are half as likely to work full time and twice as likely to not be in the labor force.
- Persons with disabilities are twice as likely to live at or below poverty or at or below 200% of poverty.
- Elderly (Source 3)
- The percentage of elderly (age 65+) with income below 200% of poverty is 13.4% compared to 10.2% in the general population.
- While 7.2% of the general population in Fairfax speaks no English at home, 7.7% of elderly speak no English at home.

## Priority Area 3: Families and individuals are healthy, stable, and independent.

### HISTORICAL DATA:

### PROPOSED TARGET FOR FY 2005-2006: 16%

Target Percentages		Proposals Received		Actual Awards	
FY 2000	15%	FY 2000	n/a	FY 2000	20%
FY 2001/2002	18%	FY 2001/2002	26%	FY 2001/2002	21%
FY 2003/2004	18%	FY 2003/2004	21%	FY 2003/2004	15%

#### Priority Area is Supported Through:

- Enhancing the physical and mental health and well-being and improving the functioning of families and individuals.
- Maintaining or improving the ability of all people to be independent, and ensuring access to community facilities, activities, and services.
- Providing opportunities for families and individuals, including persons who are elderly, disabled, or have special needs, to participate in community activities.
- *Increasing community understanding of diverse populations such as immigrants, language and ethnic minorities, persons with disabilities, and the elderly.*
- *Providing immigrants with information and advice about services, rights, responsibilities, immigration issues, and the citizenship process.*

#### Service Examples:

- Mentoring and parenting programs
- Life skills oriented literacy programs *and non-employment-related ESOL*
- Child abuse/domestic violence prevention services
- Legal assistance regarding family matters
- Leisure activities that promote health, well-being, and integration into the community.
- Outreach, transportation, and other access services for the frail or persons with disabilities.
- Home-based services - respite and personal care
- Health and dental services
- Mental health and substance abuse services
- *Cultural adaptation and orientation programs*
- *Immigration assistance and citizenship preparation programs*
- *Activities that increase cultural awareness and improved responsiveness to needs associated with diverse cultures*

### Priority Area 3: Families and individuals are healthy, stable, and independent (continued)

- Population growth in the 65+ age group has slowed in the past decade but is still higher locally than nationally. The increase in this age group from 1990 to 2000 was 40% locally, compared to 12% nationally. During the 20-year period from 1980 to 2000, the number of persons 65+ has grown from 29,385 to 80,833. (Source 2)
- Population in the County is projected to increase from 2000-2010 by 15% overall, while the number of persons age 65+ is projected to increase by 73%, from 8.2% of the total in 2000 to 11.9% of the total in 2010. (Source 5)
- Almost 5% of area households have moved an elderly or disabled person to the area in the past five years. Of those, 44% live in the household that initiated the move, 10% live independently, 18.4% live in a senior residence, and 15.1% live in a nursing home. (Source 3)
- Family caregivers are critical to keep individuals independent for as long as possible in the community. Families provide 80-90% of the care needed by elderly, and 72% of the caregivers are women. In Fairfax, nearly three-fourths of women are in the labor force, an 86% increase since 1980, so the needs of caregivers are important to community stability and to the individual health and stability of families. (Source 13)
- Approximately 8.3%, or 82,100 area persons do not have health insurance. Coverage is closely related to household income. Of persons at or below 200% of poverty, 37% lack health insurance. (Source 3)
- The Partnership for Healthier Kids referred 11,095 children for health insurance and medical homes from January 2002-February 2003. Nearly 62% were from families with incomes below 133% of poverty. (Source 8)

### Priority Area 3: Families and individuals are healthy, stable, and independent (continued)

- Medicaid enrollments have grown by 20% over the past four years, from 19,087 cases under care in FY 2000 to an estimated 23,000 in FY 2003. Recent efforts to enroll participants this year have been successful, yet there are a large number who fail to successfully renew in Medicaid/FAMIS. Inconsistency and confusion about the renewal process contributes to more than 50% dropping after one year to once again have no health insurance. (Source 7)
- Nearly 30% of persons who live in households where no English is spoken have no health insurance coverage (compared to only 3.3 percent in English-only households). (Source 3)
- There are also ethnic and racial disparities in health care indicators and outcomes such as incidence of diabetes, heart disease, and breast and prostate cancer. This disparity speaks to the need for more outreach, education, and acculturation services to help families understand and access health care systems. It also speaks to the need for greater recruitment, outreach, and cultural training for providers to better serve these populations. (Source 9)
- Dental services continue to be an area of concern, with waiting lists for dental clinics. In FY 2002, Coordinated Services Planning (CSP) received 847 requests for dental services; in FY 2003 to date, CSP has received 677 requests. (Source 4)
  - More than 800 indigent adults came to the Mission of Mercy dental clinic day for treatment; nearly all left with significant dental needs untreated. There is no follow-up capacity for these individuals.
  - The waiting time for the Northern Virginia Dental Clinic is more than one year, with only about four new clients seen per month. The wait list has been closed since March 2002.
- The Health Department Dental Clinic for children saw 1,542 new patients with 3,704 visits in FY 2002. This was a decrease in the number of new patients but an increase in visits and time to complete treatment due to the complexity of dental problems. (Source 10)

### Priority Area 3: Families and individuals are healthy, stable, and independent (continued)

- Memory impairment is increasing among the Fairfax elderly. The percentage of persons with moderate or severe memory impairment in 1998 ranged from about 4% at age 65-69 to about 36% at age 85+, which is the fastest growing age cohort in Fairfax. (Source 2)
- One out of 11 area residents reported experiencing mental, emotional, or anxiety problems to the point of needing help. (Source 3)
- Among 8th, 10th, and 12th grade public school students, 18.5% have seriously considered attempting suicide. Almost 35% reported feeling sad or hopeless for days or weeks at a time. (Source 11)
- Fairfax County 8th, 10th, and 12th grade students reported higher than average risk levels in the areas of family supervision and discipline. Youth reported lower than expected rates of parents communicating clear expectations for behavior; parents supervising and monitoring their children; and parents giving excessively harsh or inconsistent punishment. Children exposed to poor family management practices are at higher risk of developing problems with substance abuse, delinquency, violence, and school dropout. (Source 11)

## Priority Area 4: Youth make safe, responsible decisions.

### HISTORICAL DATA:

### PROPOSED TARGET FOR FY 2005-2006: 16%

Target Percentages		Proposals Received		Actual Awards	
FY 2000	15%	FY 2000	n/a	FY 2000	15%
FY 2001/2002	14%	FY 2001/2002	15%	FY 2001/2002	12%
FY 2003/2004	14%	FY 2003/2004	13%	FY 2003/2004	16%

#### Priority Area is Supported Through:

- Providing safe activities for youth that reduce personal risk.
- Preventing youth violence.
- Creating opportunities that build character and promote making good choices.
- Providing youth with opportunities to succeed through increasing their knowledge, skills, and abilities.

#### Service Examples:

- After school and summer activity programs
- Prevention programs that work directly with youth
- Tutoring and other educational programs
- Mentoring programs
- *Inter-generational communication and second generation-parent acculturation programs*
- Peer mediation
- Conflict resolution and anger management
- Substance abuse prevention
- Dropout and delinquency prevention
- Youth community service projects
- Social readjustment from institutional settings
- *Education and skill development through recreational activities*
- Transportation to youth programs *and training for youth in use of public transportation*

## Priority Area 4: Youth make safe, responsible decisions (continued)

- Highlights from the Communities That Care 2001 Youth Survey: (Source 11)
- Youth in Fairfax County indicated less than average feelings of neighborhood attachment, adequate family supervision and discipline, and commitment towards school.
- 21% of 8th graders, 36% of 10th graders, and over 53% of 12th graders reported that they currently consume alcohol. 17.3% of 10th graders and 31% of 12th graders reported binge drinking.
- Almost one in five 12th graders (17.9%) report having been drunk or high at school at least once in the past year.
- 34% of youth spend time at least once a week at a friend's house with no parents present.
- 46% of 8th, 10th, and 12th graders were bullied, taunted, ridiculed, or teased at least once in the past year, with 11.8% reporting 10 or more occasions in the past year and 5% reporting 40 or more occasions.
- Other Information:
- Increase in sexual behavior and earlier onset of sexual activity are new health risk areas that have been identified through research and reports from school, CSB prevention, and recreation staff who work with youth.
- Community and Recreation Services has seen an increase in the number of youth needing more intensive services.



## Priority Area 4: Youth make safe, responsible decisions (continued)

- Juvenile Arrest Data:
- Juvenile arrests have been declining since 1997, although the youth population has increased (19.6% increase in population age 10-19 from 1990 to 2000 U.S. Census).

### Juvenile Arrests 1997 - 2002

Category	1997	1998	1999	2000	2001	2002
Index Offenses*	1,180	1,149	1,138	964	781	747
Other Criminal	4,027	3,946	3,925	3,544	3,195	2,790
Traffic Violations	5,100	5,022	5,133	5,082	4,644	4,358
TOTAL Arrests	10,307	10,117	10,196	9,590	8,620	7,895
Annual % Change:		-1.8%	0.8%	-5.9%	-10.1%	-8.4%

\*Index Offenses = murder, rape, robbery, aggravated assault, burglary, larceny, motor vehicle theft.

Source: Fairfax County Police Department Website: *Summary of Selected Arrest Data, 1997-2002.*

- The cumulative decline in arrests from 1999 to 2002 was -22.6%.

## Priority Area 5: Families and individuals meet their basic needs.

### HISTORICAL DATA:

### PROPOSED TARGET FOR FY 2005-2006: 11%

Target Percentages		Proposals Received		Actual Awards	
FY 2000	11%	FY 2000	n/a	FY 2000	12%
FY 2001/2002	11%	FY 2001/2002	10%	FY 2001/2002	14%
FY 2003/2004	11%	FY 2003/2004	7%	FY 2003/2004	9%

### Priority Area is Supported Through:

- Enabling families and individuals to meet their food, clothing, furniture, transportation, and other essential items.
- Providing one-time or occasional emergency financial assistance for rent, utilities, etc., to people at risk of losing their housing.
- Educating, representing, or advising families and individuals regarding financial and consumer legal matters.

### Service Examples:

- Emergency food assistance
- Clothing
- Furniture donations
- Short-term or emergency financial assistance
- Financial and consumer-related legal assistance
- *Consumer education to prevent future crises*
- *Prevention efforts, including emergency assistance and crisis intervention to prevent homelessness*

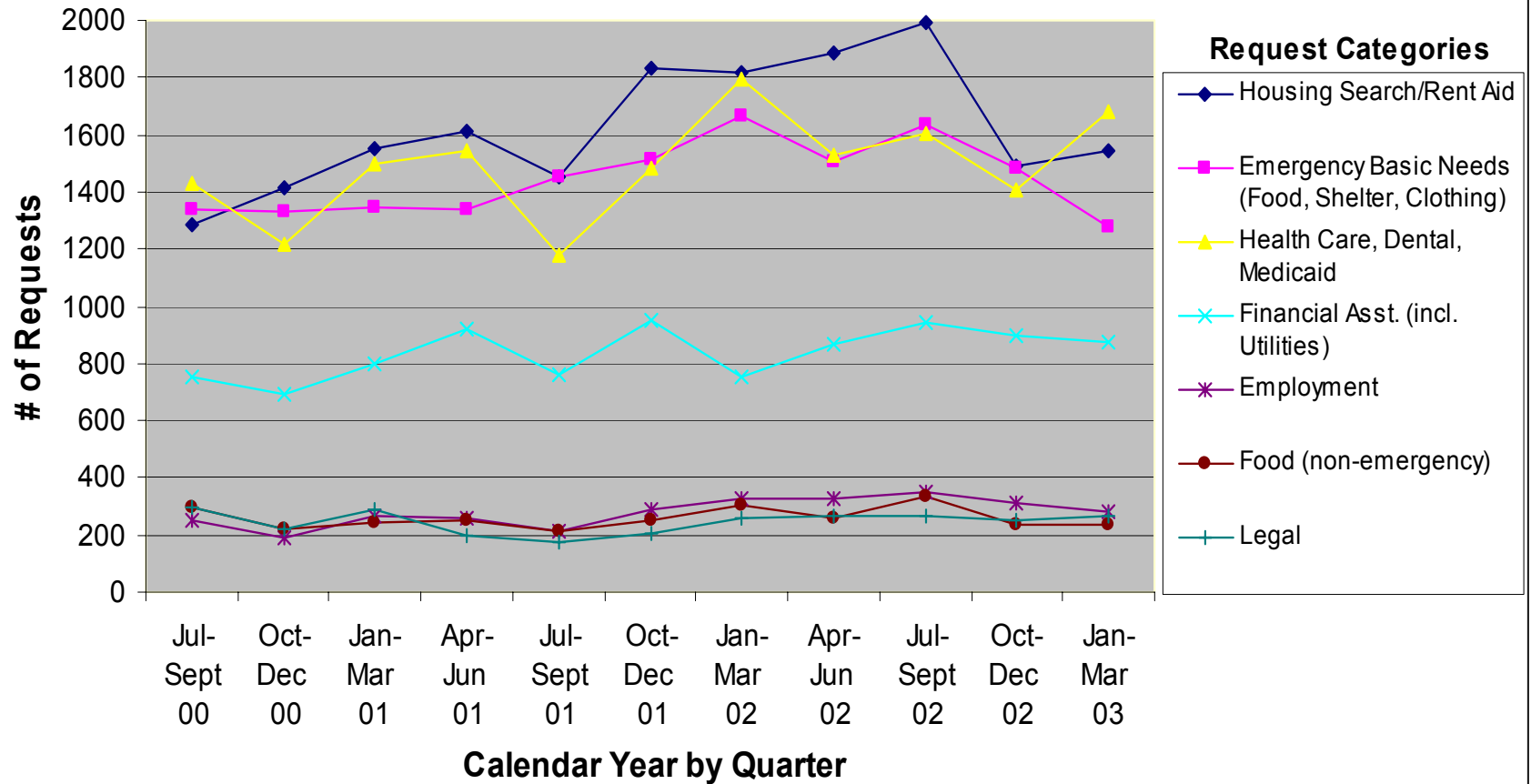
## Priority Area 5: Families and individuals meet their basic needs (continued)

- See attached graph with Quarterly Trends in CSP Requests for Assistance.
- One out of seven area households ran out of money during the past year for basic needs such as rent or mortgage, utilities, food, or medicine. (Source 3)
- 63.4% of Fairfax County families with incomes below poverty have a householder or spouse who worked during the past year. (Source 2)
- When households ran out of money, 54% turned to family or friends for help, and about half increased their credit card or other debt. 7.7% turned to faith- or community-based organizations, and 6.1% used government help. (Source 3)
- Households with a disabled member ran out of money 78% more often than all households, and households not speaking English at home had twice the rate of English-only households. (Source 3)
- Coordinated Services Planning (CSP) staff reports a gap in the availability of money/credit counseling services for their clients. Many households dealing with chronic or first-time financial instability need these services to budget and set priorities for meeting basic needs. (Source 4)
- Current economic conditions are having a multi-faceted impact on community organizations' ability to serve clients. Demand for many services is up, but funding levels are variable.
- TANF (Temporary Assistance for Needy Families) and Food Stamp caseloads are rising again after several years of decreases. (Source 7)

	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003 (est)</b>
TANF	2,086	1,656	1,243	1,077	1,149	1,250
Food Stamps	7,101	6,945	6,854	6,516	6,952	7,400
Medicaid	15,990	16,298	19,087	19,565	20,814	23,000

## CSP Request Topics by Quarter

(Does not include subsidized housing requests)



**Avg # of Calls Answered per quarter is 14,000**

# Countywide and General Information

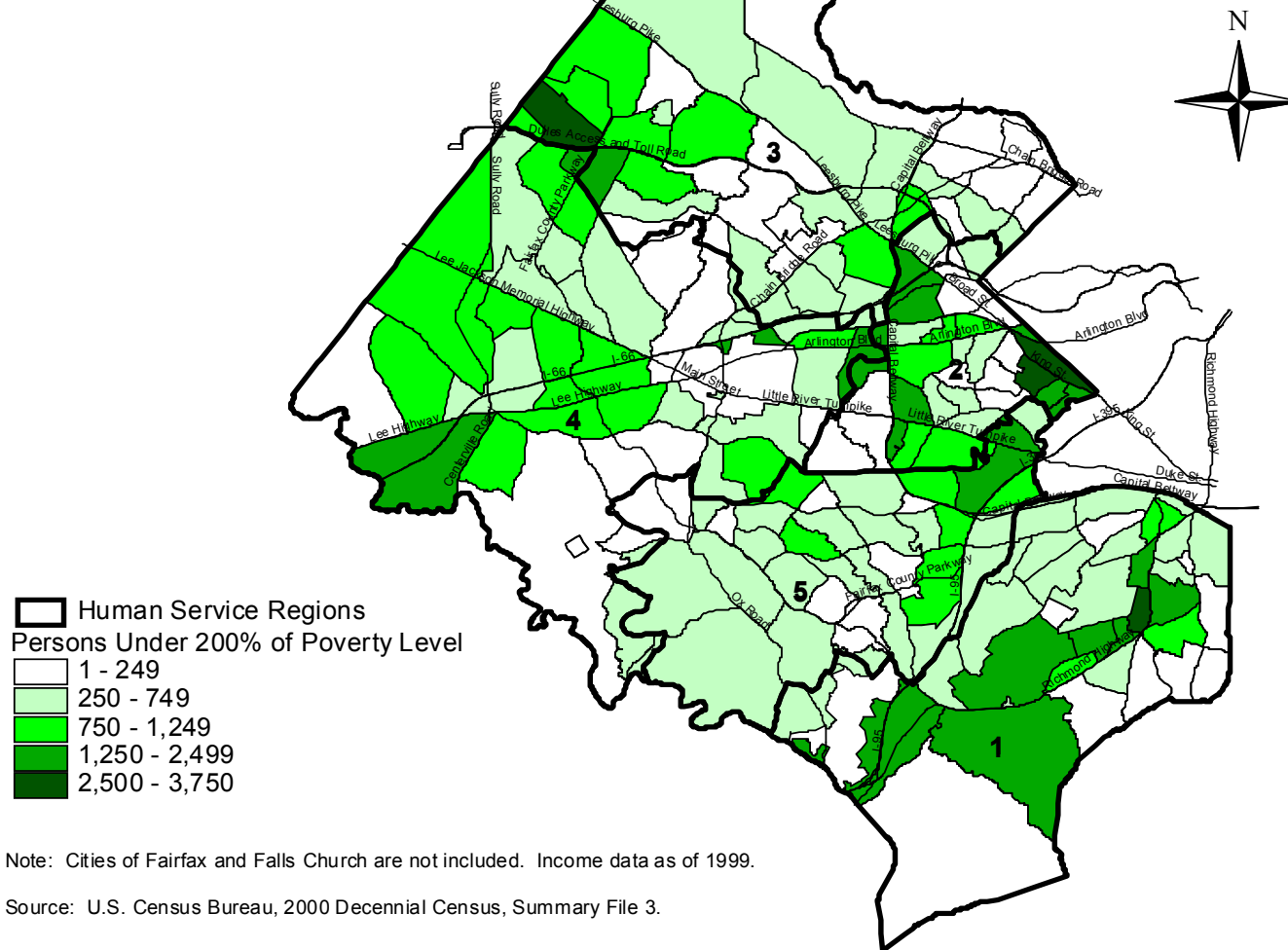
- Growing diversity and other demographic trends are changing the profiles, strengths, and challenges within neighborhoods throughout the County.
- 31% of the County's residents speak a language other than English at home. This has grown dramatically from 18.8% in 1990. In 2000, the US Census estimated that 7% of area households were "linguistically isolated" (where no one in the household speaks English very well, and English is not spoken in the home). (Source 2)
- The non-white population has grown proportionately from 22.5% of the total Fairfax population in 1990 to 36.4% in 2001. (Source 2)
- Although the County's violent crime rate is low (91.7 offenses per 100,000 compared to 506.1 per 100,000 nationally), more than a third of all households perceive crime and youth violence as a moderate or major problem. (Source 3)
- The Communities that Care 2001 Youth Risk Survey found that the five highest risk factor scores for Fairfax County students were Low Neighborhood Attachment, Community Transitions and Mobility, Poor Family Discipline, Poor Academic Performance, and Low School Commitment. (Source 11)

# Countywide and General Information (continued)

- The Community Sampler study of immigrant and refugee families with children in the public schools reported high levels of community “attachment” for immigrant families and a high willingness to get involved in their communities: (Source 12)
  - Almost 80% of respondents reported that they would be willing to volunteer to improve the neighborhood in which they live, and almost 91% reported feeling that Fairfax County is home.
- Despite this willingness, many traditional civic organizations and activities do not reflect the diversity of the community. There is a need for more outreach to immigrant communities to participate in existing civic opportunities (tenant organizations, PTAs, volunteerism, support services, leisure activities, etc.) and organize within their own communities. Outreach, acculturation services, and education for both the immigrant communities and for the traditional community organizations could help address this disparity.
- New immigration policies and attitudes stemming from 9/11 and the war may make immigrants feel less welcomed and attached to their community and may also make it more difficult for community organizations to welcome them.
- The County budget provides for a new position of Neighborhood/Community Building Coordinator. This function and position provides a focal point for the County’s commitment to involve the diverse resources of neighborhoods and communities in the process of identifying issues and assets and working on solutions.

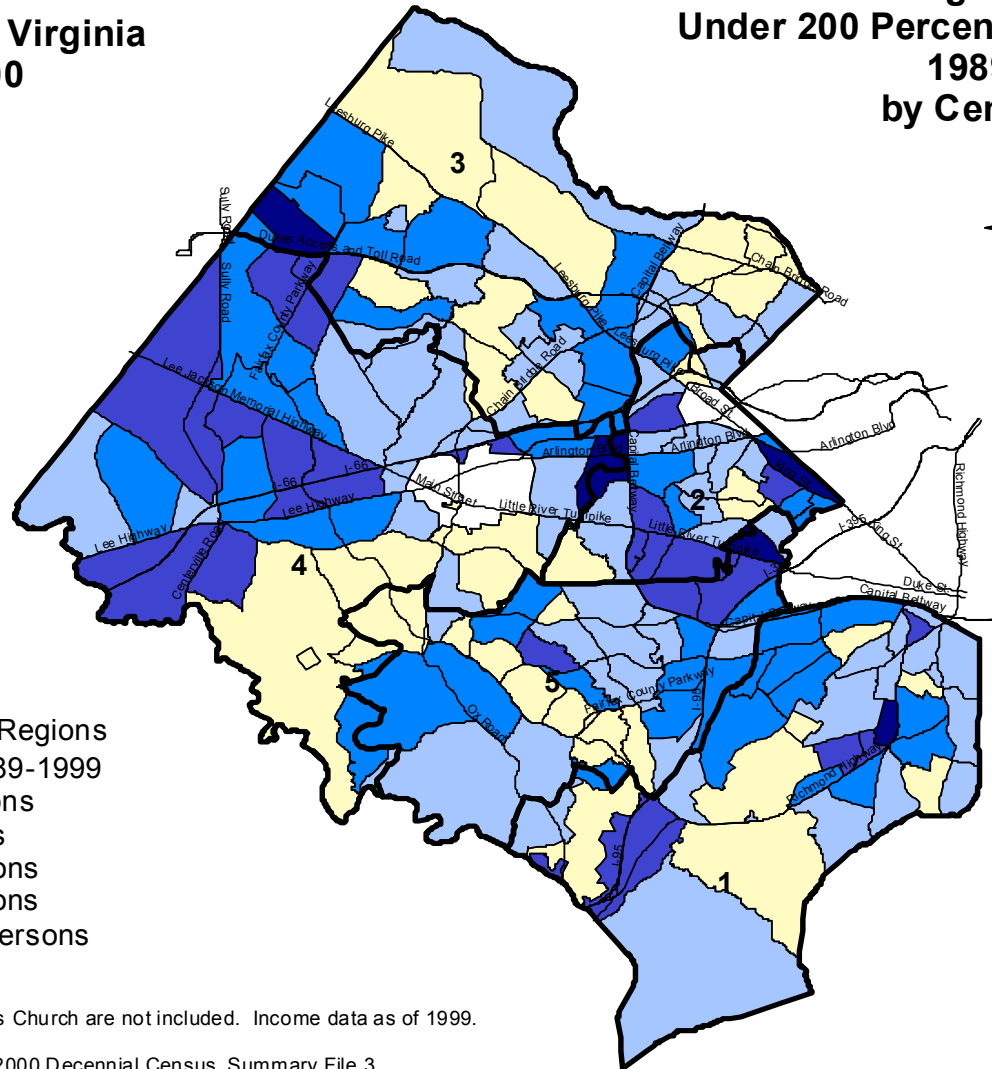
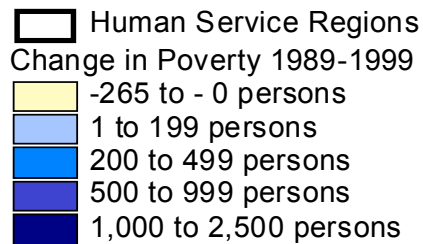
**Fairfax County, Virginia  
April 2000**

**Persons Under 200 Percent  
of the Poverty Level  
by Census Tract**



**Fairfax County, Virginia  
April 2000**

**Change in Persons  
Under 200 Percent of the Poverty Level  
1989 - 1999  
by Census Tract**



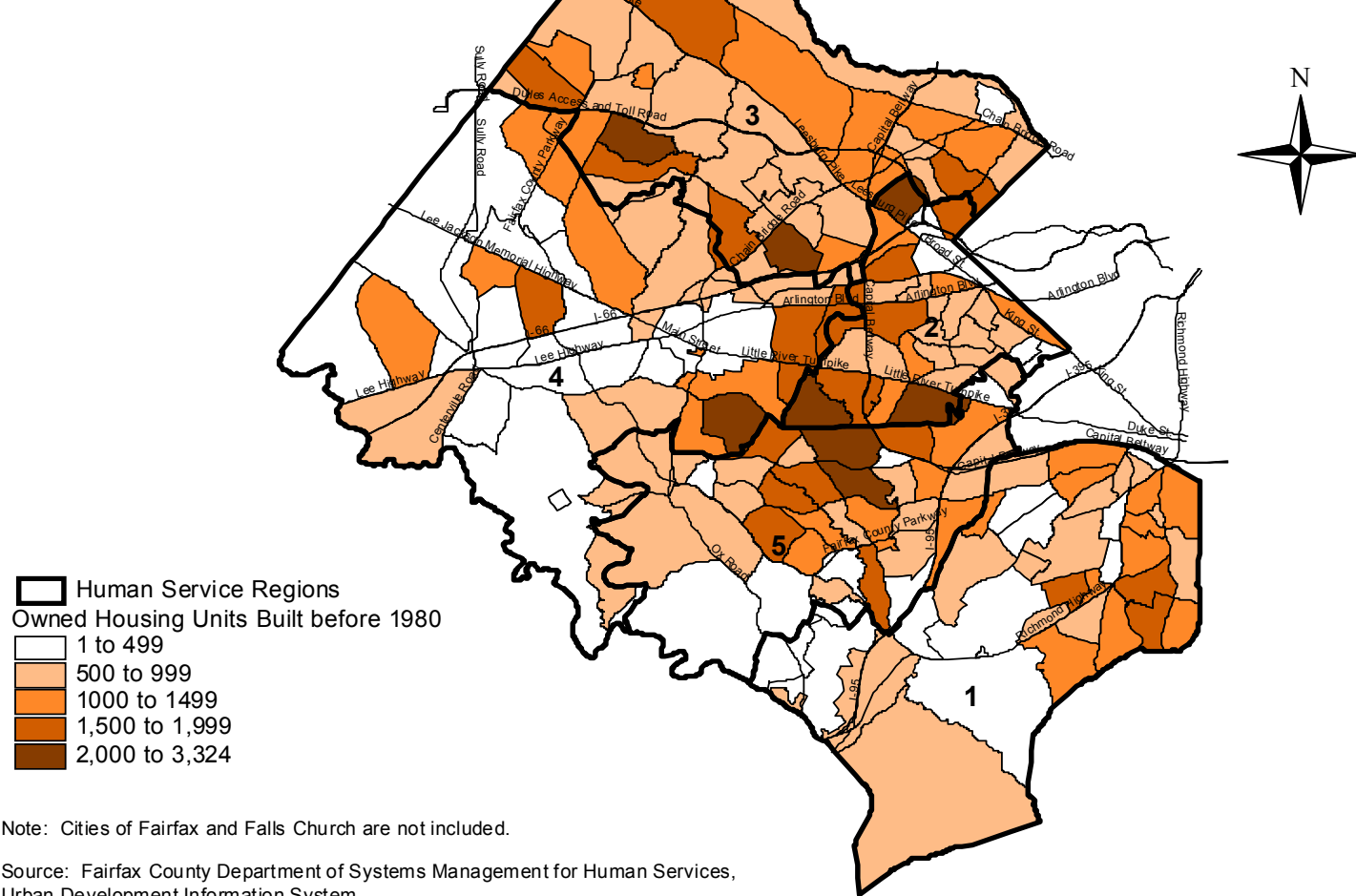
Note: Cities of Fairfax and Falls Church are not included. Income data as of 1999.

Source: U.S. Census Bureau, 2000 Decennial Census, Summary File 3.



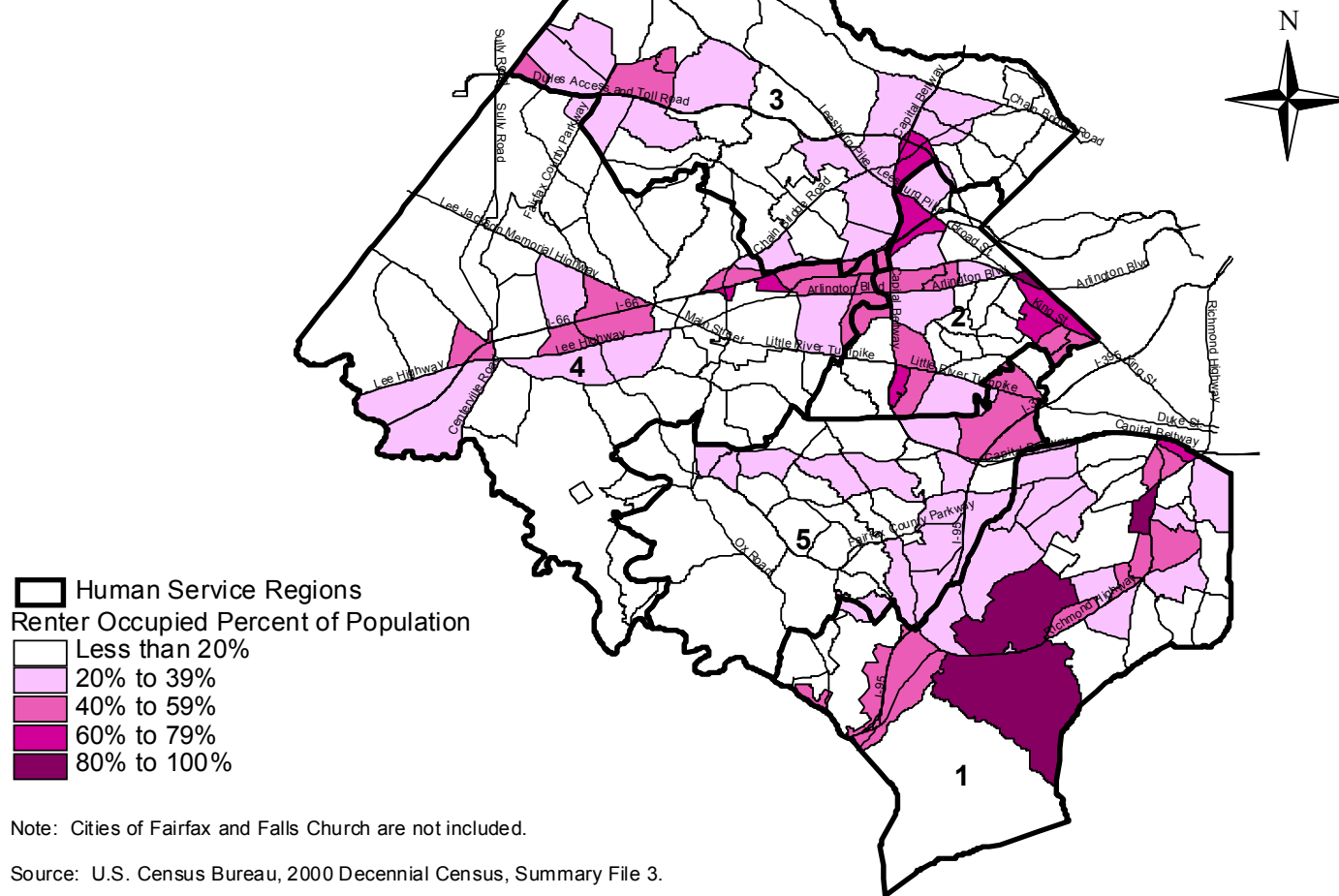
**Fairfax County, Virginia  
January 2002**

**Owned Housing Units  
Built before 1980  
by Census Tract**



**Fairfax County, Virginia  
April 2000**

**Renter Occupied  
Percent of Population  
by Census Tract**



# Data Sources

1. Fairfax County, Virginia, Department of Systems Management for Human Services, *2002 Rental Housing Complex Census Analysis*.
2. U.S. Census Bureau, 2000 Decennial Census, Summary File 3 and Supplemental Survey.
3. Fairfax County, Virginia, Department of Systems Management for Human Services, *2000 Fairfax-Falls Church Community Assessment*.
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5. Fairfax County Department of Systems Management for Human Services, *2002 Urban Development Information System*.
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7. Fairfax County Department of Family Services.
8. Partnership for Healthier Kids.
9. Various Studies. For more information, see the National Center on Minority Health and Health Disparities at <http://www.ncmhd.nih.gov/>.
10. Fairfax County Department of Health.
11. Fairfax County, Virginia, *Communities That Care: 2001 Youth Survey*.
12. Fairfax County Department of Systems Management for Human Services, *A Community Sampler: Eight Immigrant and Refugee Communities with Public School Children*.
13. Family Caregiving, *The Many Faces of Aging*, 2001.